

Correspondence

THE MATTER OF PAY FOR MEDICAL SERVICE.

To the Editor: San Francisco.
An article appears in your issue of January 1920 that seems to me to present a wrong point of view regarding the attitude of the physician toward his work; and while this point of view may appeal to a few members of the profession, I can not believe that it does to the great majority. The fault with the article is that it assumes the primary object of the physician to be the accumulation of money, and that his dealings with patients should be conducted always with this object in view. But on the contrary, from time immemorial, medicine has been considered one of the great callings or professions, into which men enter because actuated by motives higher than those that prompt the adoption of a mercantile pursuit. It has been handed down by our fathers in medicine and it is as true to-day as it ever was, that the first and highest motive of the physician is service; that his constant desire, inspiring all his daily work, must be the relief of suffering and distress, as he has been trained to do; and to do it for the sake of doing it, not for what it will bring him in dollars and cents. To be sure, he expects and must have a fair return for his service; but he must not make this his first thought or he lowers a great profession to the level of a sordid business.

"Man does not live by bread alone." After thirty years of life as a physician, with success as the world counts success, I am convinced that the profession's greatest reward is that which comes from the consciousness of usefulness. Those we serve may pay for their service or not; they may be grateful for it or not; but the satisfaction that comes from duty well performed can never be taken away. I plead for the preservation of high ideals in medicine. Let no man enter it whose ambition is to become rich. A fair competency all may expect, enough for all the needs of life; but even if the doctor dies poor as regards this world's goods, the one who has been faithful to his ideals leaves behind him a good name that enriches his posterity more than any other heritage. WM. FITCH CHENEY.

Shreve Bldg., San Francisco, Jan. 10, 1920.

EDDYISM, INDIANS AND MALARIA.

To the Editor:—

Apropos of your comments on Mr. Ross' assertions—where he says that the American Indian lived by swamps and other breeding places of germs in blissful ignorance of their reputed deadliness, and hence with complete immunity from their attacks—I wish to state that I dispute both his propositions.

I have had some personal acquaintance with the American Indian and his environments.

I spent ten years among them as Government physician and surgeon, and know that they were not immune from attacks of malaria, nor were they in blissful ignorance of the reputed deadliness.

The Indian was first, in my opinion, to discover the deadly effects of the malarial mosquito long before the white man discovered it.

In the winter season he camped with his people along the water courses—but as soon as the season of the malarial bearing mosquito arrived he would hie away to the dry and arid plains on his annual hunting expedition, and thus avoid the mosquito and the results of his activity.

All this was changed when the Government took him under control.

The agencies were built along the water courses as at Ft. Sill and Washita, Indian Territory (now Oklahoma), where the Indian was forced to remain the year around and hence was freely

inoculated with malaria. He was no more immune to its attacks than any of the white employees who were associated with him.

I have started out in my rounds among these people during the malarial season with two ounce bottles of Power & Weightman's quinine and used the entire amount during the day among the hundreds afflicted.

They learned to know the value of the remedy and sought it of their own volition when in need.

During the malarial season they would sometimes go to this agent and beg to be allowed to go back upon the dry plains, knowing they would be relieved of the scourge.

I remember one summer when large numbers were afflicted, the agent permitted them to go and the sick and feeble company that went out returned in the beginning of winter sleek and fat, wholly recovered from their disabilities.

So much for blissful ignorance and immunity!

It was during my experience in these malarial regions in 1873, 4, 5, 6 and 7 that our ration of quinine became exhausted and we were far from any source of supply, that I learned the value of iodine in treating malaria.

I reported my success to adjacent agencies and also through medical journals, and found others equally successful in its use. The general formula was:

R—

Tinct. Iodine,	3ii
Iodide Potash	3i
Syrup Aurant Cort	3ii

One teaspoonful in $\frac{1}{4}$ glass of water 3, 4 or 5 times daily as required.

This formula proved quite effective in all forms of malaria, including intestinal neuralgic and other complications, as well as enlarged spleen, where the Compound Tincture was also freely used externally.

It is not often I address the Journal and so I will report in brief a case:

You had a very interesting article in your Journal some three or four months since, on Surgery of the Fingers. I have not the number at hand or I would give exact title and author.

In this case A. R. K., a grocer, while cutting a piece of rope the knife slipped, completely severing the end of left forefinger—first third of first joint. The portion excised fell into a box and was immediately readjusted by the said A. R. K. He came at once to my office where it was retained by adhesive straps and antiseptically treated. This occurred on July 25th.

I just saw the case—and the union is so complete that it does not show even the line of union. I judge such cases are not very common, where a completely excised part unites and continues to do duty.

Yours very truly,

FORDYCE GRINNELL.

Pasadena.

Jan. 9, 1920.

State Medical Society

The council convened January 24th in San Francisco at which the matter of the industrial insurance fee schedule was continued. The whole problem is now in such a state that some direct action can be taken which shall be to the advantage of the profession. These council meetings have been very fully attended and the councilmen have been most faithful in their service to the society. The deliberations and the committee work represent a great deal of labor. The problem becomes more complex the more it is investigated, and, while the council feels that the end result is a compromise and not such that will be satisfactory to those of extreme ideas, it must

be conceded that the result achieved is a distinct step in advance and will lead to further improvement in the future.

If you are not receiving your Journal, why? Are you delinquent in your annual dues, or have you changed your location without notifying the State Society office? If neither of these questions can be answered in the affirmative, then communicate with the Secretary of the State Society, 930 Butler Building, San Francisco, so that the matter can be investigated and we can ascertain the reason.

Be sure to send your check for your 1920 dues to your County Secretary. Any member for whom the State Society has received no report for 1920 from his county society by March 1st will have his name taken from the **mail list for the Journal and will cease to have the medical defense protection afforded by the Society until such time as he pays his annual dues and is reinstated.**

It is suggested to the secretaries of county societies that they report payment of 1920 dues as promptly as possible, that is, as soon as they conveniently can do so without waiting until March 1st, the day upon which members become delinquent. Dues are payable **January 1st**, and it will much facilitate the work of the State Society office if the county secretaries will send in reports from time to time as payments are received, instead of waiting until all payments have been received. Where reports are received from all, or nearly all, of the county societies on March 1st, the work of checking is much congested and it is not possible to return the duplicate reports promptly.

Dr. Ethel M. Watters, of San Francisco, has been appointed head of the Child Hygiene Bureau of the State Board of Health. Dr. Watters has long been a member of the State Medical Society and, of course, we heartily endorse the appointment and believe the Board of Health has the right person in the right place.

Officers of the State Society are often asked why the society does not do something to eliminate illegal practitioners. Apparently, the questioner is not aware that this is not one of the functions of the State Society. It is a function of the State Board of Medical Examiners. During the past six years this board has caused the arrest of 528 persons alleged to practice medicine without licenses. It has secured the conviction in 238 cases.

This illustrates how difficult it is, even where the evidence is carefully worked up, to secure a conviction before a jury in the case of an infraction of the Medical Practice Act. A specimen of this is the case of Shew Ping, a Chinese herb doctor in Oakland. Here the State Board of Medical Examiners presented convincing evidence that the man was practicing medicine without a license, in spite of which the sentimental jury decided he was not guilty. They took upon themselves the prerogative of judging the law. Their verdict amounted to saying that while the man did transgress the law, in this instance the law was an unjust one.

While we have this sentimentality to contend with in juries, we will always have a repetition of this miscarriage of justice and the work of the Board of Medical Examiners is correspondingly made more difficult. By slow degrees, however, the power of medical education through the concerted endeavor of organized medicine will bring a change in this situation.

All communications regarding advertising,

changes of address, non-receipt of the Journal, or inquiries pertaining to things appearing in the Journal should be sent to the Secretary of the Medical Society, 930 Butler Building, San Francisco, Calif.

County Societies

ALAMEDA COUNTY

Officers, Councilors, Delegates and Alternates elected December 15, 1919:

President, Dr. C. W. Page; Vice-President, Dr. Alvin Powell; Secretary-Treasurer, Pauline S. Nusbaumer; Councilors—Dr. L. P. Adams, Dr. W. A. Clark, Dr. W. H. Streitmann, Dr. Daniel Crosby, Dr. Geo. G. Reinle, Dr. C. L. McVey.

Delegates—Dr. P. S. Nusbaumer, Dr. Geo. Reinle, Dr. Daniel Crosby, Dr. W. H. Streitmann, Dr. R. T. Legge, Dr. M. L. Emerson.

Alternates—Dr. W. A. Clark, Dr. T. J. Clark, Dr. P. F. Abbott, Dr. G. E. Brinckerhoff, Dr. David Hadden, Dr. T. C. McCleave, Dr. S. H. Buteau, Dr. W. H. Irwin, Dr. H. G. Thomas, Dr. C. A. DePuy.

The regular monthly meeting of the Alameda County Medical Association was held Dec. 15th, 1919. There was an interesting program:

Dr. Dudley Smith explained the aims and achievements of the League for the Conservation of Public Health.

A paper memorializing the members lost to the society through death was read by the President, Dr. W. H. Streitmann. The following is a list of those of whom the society has been bereft:

Dr. A. S. Kelly, Dr. Ellsworth Bailey, Dr. A. F. Cunningham, Dr. F. R. Musser, Dr. Geo. Kretzinger, Dr. J. B. Wood.

Plans of the Highland Hospital, the new County institution, were presented and explained by Dr. R. G. Brodrick. The new hospital, as projected, will, in completeness of detail, be second to none in the United States, and this, in connection with the remodeled San Leandro Hospital, and the Arroyo Sanatorium, will give the county a bed capacity of something over one thousand.

As retiring President, W. H. Streitmann spoke convincingly upon the necessity for the dissolution of cliques and factions, and the advisability of harmonious co-operation.

This being the annual election, the following were declared elected to office:

President, Dr. Walter Page; Vice-President, Dr. Alvin Powell; Secretary-Treasurer, Dr. Pauline Nusbaumer.

On January 5th the regular monthly meeting of the staff of the Samuel Merritt Hospital was held.

Dr. Mark L. Emerson gave an interesting talk about his recent visits to hospitals and clinics in New York, Rochester and Chicago.

A survey of urological routine in practice at Samuel Merritt Hospital was presented by Drs. Geo. G. Reinle and E. Spence DePuy.

In this report the authors said in substance: In order to make a diagnosis in urological cases is it necessary to observe the utmost care about a multiplicity of minor details. The technique of routine handling of patients from the time of entrance to the final assembling of the findings was presented and the reasons for, and the advantages to be derived from each step set forth. It was clearly shown that the routine now in practice has been brought to as high a standard as that in use at any institution doing